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PTO/SB/21 (08-04)

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**TRANSMITTAL
FORM**

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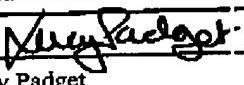
17

| | |
|------------------------|------------------------|
| Application Number | 10/088,814 |
| Filing Date | 09/04/2002 |
| First Named Inventor | Andrew Austen Mortlock |
| Art Unit | 1624 |
| Examiner Name | Tamthom N. Truong |
| Attorney Docket Number | Z70599-1P US |

ENCLOSURES (Check all that apply)

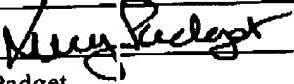
| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|-------|
| Firm Name | AstraZeneca | | |
| Signature |  | | |
| Printed name | Lucy Padget | | |
| Date | March 2, 2006 | Reg. No. | L0074 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|---------------|
| Signature |  | Date | March 2, 2006 |
| Typed or printed name | Lucy Padget | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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| | |
|---|-------------|
| Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it displays a valid OMB control number. | |
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | |
| FEE TRANSMITTAL For FY 2005 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |
| TOTAL AMOUNT OF PAYMENT | (\$ 250.00) |
| Complete if Known | |
| Application Number 10/088,814 Filing Date 09/04/2002 First Named Inventor Andrew Austen Mortlock Examiner Name Tamthorn N. Truong Art Unit 1624 Attorney Docket No. Z70599-1P US | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Nonc <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3231 Deposit Account Name: AstraZeneca | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments | |
| <small>under 37 CFR 1.16 and 1.17</small> | |
| <small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.</small> | |

FEE CALCULATION

| | | | | | | |
|---|---------------------|---|----------------------|---------------------|-------------------------|-----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | |
| <u>Application Type</u> | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
| | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |
| 2. EXCESS CLAIM FEES | | | | | | |
| <u>Fee Description</u> | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | |
| Multiple dependent claims | | | | | | |
| Total Claims | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | | |
| Fee (\$) | | | | | | |
| 50 25 | | | | | | |
| 200 100 | | | | | | |
| 360 180 | | | | | | |
| <u>Multiple Dependent Claims</u> | | | | | | |
| Indep. Claims | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | | |
| Fee (\$) | | | | | | |
| - 20 or HP = <input type="checkbox"/> x = _____ | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| Indep. Claims | | | | | | |
| - 3 or HP = <input type="checkbox"/> x = _____ | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | |
| Total Sheets | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | x | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> |
| Fee (\$) | | | | | | |
| 100 = / 50 = (round up to a whole number) x 0.00 = 0.00 = 0.00 | | | | | | |
| Fees Paid (\$) | | | | | | |
| 4. OTHER FEE(S) | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surcharge); Petition for 1 Month Extension/Terminal Disclaimer | | | | | | |
| 250 | | | | | | |

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|-------------------|---------------------|--------------------------------------|-------|-----------|---------------|
| SUBMITTED BY | <u>Lucy Padgett</u> | Registration No. (Attorney/Agent) | L0074 | Telephone | 781-839-4182 |
| Signature | | | | Date | March 2, 2006 |
| Name (Print/Type) | <u>Lucy Padgett</u> | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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